

**MINNESOTA BOARD OF MEDICAL PRACTICE
BOARD MEETING
2829 UNIVERSITY AVE. SE
MINNEAPOLIS, MN 55414-3246**

MARCH 13, 2010

The Minnesota Board of Medical Practice met on its regularly scheduled meeting date, March 13, 2010, at its offices in Minneapolis, Minnesota.

The following Board members were present for both Public and Executive Sessions, unless otherwise indicated: James Mona, D.O., President; Alfred Anderson, D.C., M.D., Vice President; Tammy McGee, MBA, Secretary; Keith Berge, M.D.; Mark A. Eggen, M.D.; Sarah L. Evenson, J.D., MBA; Subbarao Inampudi, M.D., FACR; Bradley Johnson, M.D.; *Kelli Johnson, MBA, Ernest Lampe, II, M.D.; James Langland, M.D.; Gregory Snyder, M.D., DABR; Jon Thomas, M.D., MBA and Tracy Tomac, M.D.

*Ms. Johnson was not present for Executive Session.

PUBLIC SESSION

The minutes of the January 9, 2010, board meeting were received and approved as circulated.

James Mona, D.O., Board President, welcomed board members Jon Thomas, M.D., MBA and Kelli Johnson, MBA back to the board. Dr. Thomas previous served on the board from 2001 to 2009 and Ms. Johnson previously served on the board from 2004 to 2008. Dr. Thomas replaced Dr. Hafner-Fogarty and Ms. Johnson replaced Mr. Allen Rasmussen on the board.

Cody Wiberg, Executive Director of the Minnesota Board of Pharmacy, gave a presentation on the Minnesota Prescription Monitoring Program. A question and answer session followed.

Bradley Johnson, M.D., asked Mr. Wiberg if the top controlled substances prescribed by generic name could be posted onto the Pharmacy Board's website. Mr. Wiberg agreed to do so and stated that the data will be updated monthly.

Mr. Wiberg stated that the Prescription Monitoring Program costs approximately \$300,000.00 per year to operate. Mr. Wiberg stated that he tried to obtain funding out of the State's General Revenue Fund but felt that it would not pass with the current state of the State budget.

Mr. Wiberg suggested two possibilities for funding of the Minnesota Prescription Monitoring Program:

- Costs shared by the Board of Pharmacy and boards that license prescribers out of existing fee, or
- Costs paid for by a new State Controlled Substance Registration (i.e., state equivalent to DEA registration). This option is currently in a bill at the legislature. The fees collected would be used to fund the Prescription Monitoring Program, fund the administrative costs of the Controlled Substances Registration Program, and use some of the revenue to fund chemical dependency treatment. Mr. Wiberg stated that the cost to the applicants would be \$75 to \$100.00 per year. Mr. Wiberg felt that the disadvantage of this option is that it

creates a whole new licensing system which would more than double the number of people that the Pharmacy Board currently registers. Mr. Wiberg stated that staff would have to be hired at the Pharmacy Board to administer the new state controlled substance registration.

The board discussed funding options for the Minnesota Prescription Monitoring Program and felt that a tax should be implemented per schedule II, III or IV pill dispensed and charged to the patient. Mr. Wiberg stated that the bill would have to state that the tax would be paid by the patient in order for him to support it. Mr. Wiberg stated that he could try that approach, but felt that the political reality is that the bill may not progress at all.

The board took a five minute break.

Dr. Mona moved forward to board agenda 8, Policy and Planning Committee Meeting because of the large number of public attendees interested in the Lyme Disease Legislation

Tracy Tomac, M.D., Chair of the Policy and Planning Committee gave a summary of the February 23, 2010, Policy and Planning Committee meeting. Dr. Tomac stated that:

- State Senator John Marty, chief author of the bill in the Senate presented the rationale behind the Lyme disease bill. After a lengthy discussion, the Committee voted unanimously to recommend that the full board approve the Lyme Disease Resolution.
- The Prescription Monitoring Program Informational Materials, provided by the Board of Pharmacy, was reviewed by the Committee and were approved for posting on the Medical Board's website.
- Athletic Trainer Legislation was reviewed at a previous Committee meeting and was re-presented to the Committee as an information item to review the changes the Committee had recommended to its supporters. All changes had been made as requested.

Dr. Mona welcomed Representative John Ward, Chief author of the Lyme disease bill in the House.

Representative Ward spoke to the board regarding the proposed Resolution regarding Lyme disease.

- Representative Ward stated that there have been hearings in both the Senate and the House that were well attended and the Lyme bill has been significantly discussed.
- Representative Ward stated that if the board approves the Lyme Disease Resolution, the Lyme disease bills will not move forward.
- Representative Ward stated that some Minnesota physicians are concerned that they will be disciplined by the Board of Medical Practice for treatment of "chronic Lyme disease" with long term prescribing of antibiotics because they are not practicing within the Infectious Disease Society of America's (IDSA) guidelines. Representative Ward stated this has led to a shortage of doctors treating "chronic Lyme disease" in Minnesota.
- Representative Ward stated that he and Senator Marty have received many letters from physicians who are fearful of treating "chronic Lyme disease" because they fear discipline from the Board of Medical Practice.
- Representative Ward stated that the Resolution would allow for a period of time for research and science to study the treatment of "chronic Lyme disease." Representative Ward stated that the Resolution supports the Board of Medical Practice to educate the medical profession on "chronic Lyme disease."

- Representative Ward stated there is a precedent with the 1997 statute for intractable pain that allows physicians to treat without being disciplined.

Dr. Maloney and Dr. Nicholas LaFond, public attendees, spoke to the board regarding their support of the passage of the Resolution.

Dr. Snyder stated that if he'd like to include a provision in the Resolution that allows the patient who is being treated for "chronic Lyme disease" to have the ability to lodge a complaint against the physician. Dr. Snyder stated that the ultimate goal of the board is to protect the patient. Dr. Snyder stated that there may be a physician that has had no training in Lyme and could cause patient harm. Dr. Snyder stated that by allowing the Resolution to pass as written, the board would not be able to protect the patient from an incompetent physician and Dr. Snyder had a huge concern with that. Representative Ward thought that was acceptable.

Board members discussion regarding the Lyme Disease Resolution:

- Dr. Anderson stated that he does not believe that the Board has been an obstacle in the treatment of "chronic Lyme disease" and doesn't understand the need for legislation. He stated that the board has never received a complaint or disciplined a physician for treating Lyme disease or "chronic Lyme disease."
- Ms. McGee and Dr. Thomas agreed that the Minnesota physician fear is unwarranted.
- Ms. McGee believes that it is a slippery slope to mix politics with the practice of medicine.
- Dr. Snyder stated that the board would not take action against a physician unless someone files a complaint against the physician.
- Dr. Thomas stated that the board doesn't make evidence based decisions on the practice of medicine, the board is complaint driven. Dr. Thomas stated that the board is not out to punish, or to look for people who are treating "chronic Lyme disease."
- Dr. Lampe stated that there is legislation and a major decision before the board based on five or eight physicians in the state.
- Dr. Johnson stated he is concerned about the unintended consequences of taking a legislative action to restrict medical decision-making that the board has always had jurisdiction over.
- Dr. Thomas stated that this discussion should be between family practice and infectious disease physicians, not the Minnesota Board of Medical Practice.
- Dr. Johnson stated that legislating healthcare is a very bad idea but a very good course of coming to the board and giving the board a chance to stop this from going to legislation.
- Dr. Lampe stated that this is not an issue that the Board of Medical Practice to decide. Dr. Lampe felt that this should be decided by the Legislature. Dr. Lampe did not think it is proper for the board to enable this process. Dr. Lampe stated that the Legislature can live with the consequences for having voted for the bill. Dr. Lampe stated that the board should make a statement that this does not fit with the board's charge from the public.
- Dr. Mona stated he has given this issue considerable thought since it has come up over the past few years. Dr. Mona stated that the charge of the board is to protect the public; the charge of the board is not to set standards of medical care. Dr. Mona stated that the standard of medical care is evolving all the time. Dr. Mona stated that the board's concern is the carve out of medicine and how many other special interest groups will come forth and want their own interest carved out the Medical Practice Act.
- Dr. Mona stated that the board members don't have an interest on one side of the controversy or the other for or against long term antibiotic treatment. Dr. Mona stated that's not the board's concern. Dr. Mona stated that the concern has been the carve outs and

taking away our ability to oversee physicians practices and protect the citizens of the State of Minnesota.

- Dr. Anderson stated he feels like he is being coerced. Dr. Anderson stated that the coercion is based on fear that is really ill conceived.
- Dr. Inampudi stated that all physicians don't need to follow the guidelines, they are only guidelines. Dr. Inampudi stated that this is irrational fear that the physicians have.

Dr. Van Etta, board certified infectious disease specialist, a fellow in the Infectious Disease Society of American, former board member, gave a presentation.

- Dr. Van Etta stated that the controversy that has been created is in the definition of "chronic Lyme disease" The IDSA published their second set of Lyme treatment guidelines in 2006 and this has been considered the definitive guideline. Dr. Van Etta stated that because of concerns and criticism that were brought on the part of the chronic Lyme patient advocates brought forward through the Attorney General in Connecticut, there was a forced review of the Lyme guidelines and they are currently under discussion. Dr. Van Etta stated that as part of that review panel, there was extensive testimony in Washington, DC at the review panel public hearings in July of 2009 and there were multiple scientists speaking to these guidelines, as well as patient advocates, etc.
- Dr. Van Etta stated that, to date, the published results of no less than four peer reviewed, randomized, placebo controlled clinical trials have shown that extended antibiotic therapy is not beneficial for the treatment of "chronic Lyme disease." If those who disagree with these findings believe that these studies were flawed or that such treatment is beneficial and safe it is incumbent on them to design and conduct randomized placebo controlled trials, that will withstand the rigorous test of peer review to demonstrate the efficacy and safety of such treatment. Until that is done, the current IDSA Guidelines for the treatment of Lyme disease with its more than 400 peer reviewed referenced citations should be considered the best available and most comprehensive resource on the diagnosis and treatment of Lyme disease.
- Dr. Van Etta stated that prior to the Policy and Planning Committee she was requested by board staff to write a memo outlining her thoughts on "chronic Lyme disease." Dr. Van Etta read her memo out loud to the board. Dr. Van Etta stated that the board has worked on this concern for several years, each time when it appears in the legislature. Dr. Van Etta stated that there have been several prospective studies done by NIH showing that long-term antibiotics do not improve the health of patients diagnosed with "chronic Lyme disease." Dr. Van Etta stated that there is also no scientifically defensible diagnosis of "chronic Lyme disease," therefore Dr. Van Etta has always been opposed to any agreement in Minnesota that would lessen the board's standards of practice evidence based medicine. Dr. Van Etta stated that, In addition, antibiotic treatment is not benign. She stated that patients in Minnesota have died as a result of complications of treating "chronic Lyme disease." Dr. Van Etta stated that since this is the political reality, she agrees that it is preferable to enter into an agreement at present in exchange for preventing passage of the proposed statute.
- Dr. Van Etta recommended some changes to the Resolution. Dr. Van Etta stated that under whereas. Dr. Van Etta had no changes to recommend for whereas' 2, 3, or 4. Under the first whereas, she felt that this statement is untenable because there is very good scientific evidence that does not support the use of chronic antibiotics so she would substitute for the first whereas the following: Whereas Lyme treatment guidelines are currently under review.
- Dr. Van Etta stated that she was concerned with statement number 5. Dr. Van Etta stated that this should be just allowed to sunset at five years and then should disappear. Dr. Van

Etta stated that those who practice evidence based medicine and treat these patients feel fairly comfortable with this guideline.

- Dr. Van Etta informed the board that Dave Renner, the Chief Lobbyist for the Minnesota Medical Association feels that this the Lyme disease bill will move forward in the House if this compromise Resolution is not reached by the board and that it will be passed successfully. Dr. Van Etta stated that Mr. Renner, speaking for the Minnesota Medical Association stated that they are in support of this Resolution and that it would be preferable to becoming a State law. Ms. Karolyn Stirewalt, attorney for the MMA stated that is correct that the MMA supports the passage of the Resolution. Dr. Van Etta stated that Dr. Ruth Lynfield who is the Chief Epidemiologist for the Minnesota Department of Health feels this should go to legislature and hope that they don't pass it, and stated that even if it does pass, at least the Minnesota Department of Health and board will be on the right side of the issue.

Dr. Hafner-Fogarty past board member spoke to the board.

- Dr. Hafner-Fogarty stated that the proposed legislation inserts the legislature into the practice of medicine by effectively legislating a standard of care. Dr. Hafner-Fogarty stated that the legislature has no particular expertise in the practice of medicine; this is one of the reasons that the State created the Board.
- Dr. Hafner-Fogarty stated that it's not that the Board of Medical Practice establishes the standard of care, but when faced with potential disciplinary issues, the board gets testimony from both sides or multiple sides of an issue and interprets what the standard of care is. Dr. Hafner-Fogarty stated that the physician fear is irrational.
- Dr. Hafner-Fogarty stated that a five-year moratorium is a lifetime in medicine. Dr. Hafner-Fogarty stated that if there is not currently already a randomized controlled double blinded study in progress, then five years is meaningless. Dr. Hafner-Fogarty stated that it would take more time than five years in order to design a study, get it approved, get it funded and carry out the study and interpret the results and get the results published.
- Dr. Hafner-Fogarty stated that she would urge the board not to approve the Resolution.
- Dr. Hafner-Fogarty stated that the legislation is really a very concerning insertion of the legislature attempting to begin to practice medicine and for that reason she feels that the legislation should be strongly and consistently opposed by the board.

Richard Auld, Ph.D., gave a history and the political process involved with the Lyme disease bill and the arrival of the proposed Resolution. Dr. Auld stated that this legislation was introduced last year and it did not come to hearing in either house, there were a number of negotiations that the board participated in with the chief authors and specifically aimed at the language that was introduced last year, which is somewhat different from this year's language. Dr. Auld stated that the board opposed that legislation at the staff level and with the authorization of the board on these grounds:

1. This bill legislated a clinical standard of care.
2. Dr. Auld stated that this law created a specific carve-out of the board's authority to enforce the medical practice act. Dr. Auld stated that this would set an extremely dangerous precedent for future carve outs. Dr. Auld stated that the facts are there have been no disciplinary actions on this issue specifically, no corrective actions on this issue specifically, in fact, no complaints. Dr. Auld stated that the bill was reintroduced this year, it came very quickly to committee hearings, was heard in the Senate, passed out of the Senate Committee, and it's currently on the floor and floor debate has begun. Dr. Auld stated that the bill was coming up for discussion in the House Committee. Dr. Auld

thanked Representative Ward and Dr. Maloney for inviting board staff to attend and discuss this issue in negotiation. Dr. Auld stated that Representative Ward provided a structure so that board staff could talk about this and the language that is in the proposed Resolution is the result. Dr. Auld stated that the Committee in the House laid the bill over, its not been acted on by the Committee but they are waiting for the outcome of this board meeting to decide what to do. Dr. Auld stated that if the board does not approve the Resolution, the bill will pass this year and will be sent to the Governors Office and Dr. Auld has no reason to believe that the Governor would veto this bill.

Dr. Auld stated that he and Representative Ward, Dr. Snyder, Dr. LaFond and Dr. Mahoney had a discussion and came up with some language that might be a good addition to the Resolution.

Dr. Inampudi asked about a minor in the first suggested modification on number 1 and asked if it could include a complaint lodged by a patient or on behalf of a patient. From the public members in the audience, there were concerns that change could open it up to anyone filing a complaint. Mr. Fruechte suggested "that except in the event of a complaint lodged by a patient or on their behalf by a custodian." Dr. Auld asked Representative Ward if these additions to the Resolution would be accepted by Senator Marty and his staff. Representative Ward stated that they would be.

Dr. Langland asked if they discussed Dr. Van Etta's proposed modifications on the Resolution. Dr. Auld stated that the other language in the proposed Resolution is negotiated language and it's not something that's subject to change without considerable further negotiation and agreement. Dr. Auld stated he is skeptical that the changes suggested by Dr. Van Etta would be agreed to.

Dr. Snyder repeated the board's concerns that this legislation:

- Is disruptive;
- Protects physicians from a non-issue;
- Is a precedent setting carve-out of board authority;
- May be dangerous to the citizens of Minnesota.

Dr. Snyder stated that his sense is that if the board does not accept a compromise that this legislation will precede. Dr. Snyder asked Representative Ward, with all due respect, after hearing all of these concerns, how he can justify this approach. Representative Ward stated that he brings forward legislation that he thinks is helpful, is respectful, and is good for the constituents that he represents. Representative Ward stated that he has heard from a significant number of constituents that this legislation is needed and that's why he believes that this legislation would be passed in both Houses.

Ms. McGee asked the Chair to call the question.

Mr. Fruechte read the amendment to the Resolution under number 1 under therefore: The Minnesota Board of Medical Practice voluntarily will engage in a moratorium for a time period not to exceed five years or the time at which double-blind peer review studies have resolved the issues which ever is first on the investigation, disciplining, or issuance of Corrective Action Agreements based solely on long-term prescription or administration of antibiotic therapy for chronic lyme disease except in the event of a complaint lodged by a patient, or by a conservator, parent or guardian on the patient's behalf for this specific use of antibiotic therapy.

The board made a motion to accept the amendment to the Resolution; the motion was seconded and passed unanimously.

Dr. Mona asked board members to raise their hands for the passage of the Resolution. After the first count, Mr. Leach asked to see board members hands again to make sure that he and Ruth . Martinez, Complaint Review Supervisor, counted correctly of 8 in favor of the Resolution and six opposed. The second vote came in at 7 to 7; one board member had changed their vote. Because Mr. Leach and Ms. Martinez both had the same count of 8 to 7 the first time they counted the votes, and the board member that changed his voted stated he did so, the Resolution passed with the first count of 8 to 6.

The board approved the following resolution with a vote of eight for and six against:

1. Whereas: The science regarding the presumptive diagnosis “chronic Lyme disease” and the long term prescription and administration of antibiotic therapy for its treatment is unsettled.
2. Whereas: The Minnesota Board of Medical Practice has never investigated, disciplined, or taken any other action against any practitioner solely on that basis.
3. Whereas: The Minnesota Board of Medical Practice has never received any complaints solely on that basis.
4. Whereas: Patients, some physicians, and the public are seeking guidance on this issue.

Therefore, in the interest of allowing time for science to resolve this issue:

1. The Minnesota Board of Medical Practice voluntarily will engage in a moratorium for a time period not to exceed five years, or the time at which double-blind, peer reviewed studies have resolved the issues, whichever is first, on the investigation, disciplining, or issuance of Corrective Action Agreements based solely on long term prescription or administration of antibiotic therapy for “chronic lyme disease,” except in the event of a complaint lodged by a patient or by a conservator, parent or guardian on the patient’s behalf for this specific use of antibiotic therapy.
2. Will publicize this voluntary action on its website.
3. Will educate its staff, medical coordinators, and members regarding this voluntary action.
4. Will diligently seek the results of double-blind, peer reviewed scientific studies that address this issue.
5. At the end of the five year period, in the absence of such scientific studies which bring a conclusion to the issue of the legitimacy of this diagnosis and treatment, the Board will reexamine this issue based on evidence available at the time.

Voting Against the Resolution:

Dr. Berge
Dr. Inampudi
Dr. Lampe
Dr. Langland
Ms. McGee
Dr. Thomas

Voting for the Resolution:

Dr. Anderson
Dr. Eggen
Ms. Evenson
Dr. Johnson
Ms. Johnson
Dr. Mona
Dr. Snyder
Dr. Tomac

The board took a lunch break.

Dr. Thomas stated that there is an opportunity at the FSMB for a board member that isn't on the Complaint Review Committee; to serve on the FSMB Accreditation Review Committee (ARC). Dr. Thomas stated that this Committee reviews organization's documentation that want to become a Continuing Medical Education (CME) provider. Dr. Thomas stated that if any board member is interested, to let him know. Dr. Thomas stated that he'll keep the board members informed of opportunities at the FSMB.

On recommendation of the Licensure Committee, physician applicants 1 - 91 of the agenda were approved for licensure subject to the receipt of verification documents.

On recommendation of the Licensure Committee, physician applicants 92 - 93 and 95 - 96 of the agenda were approved for Emeritus registration. Applicant 94 withdrew their application following appropriate process.

On recommendation of the Acupuncture Advisory Council, acupuncturist applicants 97 - 103 of the agenda were approved for licensure subject to the receipt of verification documents.

On recommendation of the Athletic Trainer Advisory Council, athletic trainer applicants 104 - 114 of the agenda were approved for registration subject to the receipt of verification documents.

On recommendation of the Physician Assistant Advisory Council, physician assistant applicants 115 - 141 of the agenda were approved for licensure subject to the receipt of verification documents.

On recommendation of the Respiratory Therapist Advisory Council, respiratory therapist applicants 142 - 156 were approved for licensure subject to the receipt of verification documents.

On recommendation of the Naturopathic Doctor Advisory Council, naturopathic doctor applicants 157 - 163 of the agenda were approved for licensure subject to receipt of all verification documents.

Bradley Johnson, M.D., Chair of the Licensure Committee presented the minutes of the February 18, 2010, Licensure Committee and noted that under item number 10 that the dates of future meetings are under review at this time and may be modified. The minutes of the February 18, 2010, meeting of the Licensure Committee were received and approved as circulated.

Mr. Leach presented the Executive Director's Report of staff activities since the last board meeting.

Mr. Leach briefed the board on the Governor's budget bill. Mr. Leach stated that the health licensing boards have been asked to reduce their operating budget by three percent with those funds to be diverted to the General Revenue Fund. Mr. Leach stated that board staff has submitted a bill that would amend Minnesota Statute 214 to provide that all the fees collected by Health Licensing Boards would be used exclusively to go toward the programs operated by that board. Mr. Leach stated that because of the current economic climate, this bill is unlikely to pass this year; board staff will submit it again next year.

Mr. Leach stated that the FSMB Advisory Group on Continued Competence of Licensed Physicians Report on the Maintenance of Licensure Initiative that was requested by the board at the March 13, 2010, board meeting is included in the board agenda. Mr. Leach stated that the

Report will be discussed in the House of Delegates at this years FSMB Annual meeting. Mr. Leach asked board members to give their comments to Dr. Mona, Board Delegate to the Federation.

Dr. Mona informed Board members that the annual meeting of the Federation of State Medical Boards will be held April 22 – 24, 2010, in Chicago, Illinois at the Hyatt Regency and reminded board members on the reservation procedures.

Mr. Leach informed the board of the Corrective Action Agreements that were implemented since the last board meeting.

Ms. Martinez informed the board that there has been legislation regarding the National Practitioner Data Bank that is expanding what types of board actions that the board is required to report. Dr. Johnson asked if licensure denial with the option to withdraw will be reportable. Ms. Martinez believes that it will be, but she is currently waiting for clarification on license application withdrawals reporting requirements. Ms. Martinez stated that after she speaks with the board's attorney, Kermit Fruechte, J.D., Assistant Attorney General she will submit a report to the full board about what actions will be required to be reported to the National Practitioner Data Bank.

End of Public Session.

EXECUTIVE SESSION

The following Board members were present for both Public and Executive Sessions, unless otherwise indicated: James Mona, D.O., President; Alfred Anderson, D.C., M.D., Vice President; Tammy McGee, MBA, Secretary; Keith Berge, M.D.; Mark A. Eggen, M.D.; Sarah L. Evenson, J.D., MBA; Subbarao Inampudi, M.D., FACR; Bradley Johnson, M.D.; Kelli Johnson, MBA, Ernest Lampe, II, M.D.; James Langland, M.D.; Gregory Snyder, M.D., DABR; Jon Thomas, M.D., MBA and Tracy Tomac, M.D.

*Ms. Johnson was not present for Executive Session.

WILLIAM R. DEL MONTE, M.D.

On recommendation of the Complaint Review Committee, the license of Dr. Del Monte was reinstated.

KRISTINE S. HENTGES, M.D.

On recommendation of the Complaint Review Committee, the Amended Stipulation and Order for restricted license signed by Dr. Hentges was approved.

ANTHONY C. JASPERS, M.D.

On recommendation of the Complaint Review Committee, the Stipulation and Order for restricted license signed by Dr. Jaspers was approved. Dr. Lampe recused.

KATHRYN T. MURRAY, RCP

On recommendation of the Complaint Review Committee, the Stipulation and Order for indefinite suspension signed by Ms. Murray was approved.


PAMELA M. NORTH, M.D.

On recommendation of the Complaint Review Committee, the Amended Stipulation and Order for restricted license signed by Dr. North was approved.

DESDE A. PALMER, PA

On recommendation of the Complaint Review Committee, the Stipulation and Order for reprimand and restricted license signed by Mr. Palmer was approved.

There being no further business, the meeting was adjourned.


Tammy McGee, MBA
Secretary
MN Board of Medical Practice

April 28, 2010
Date